

Gentle and courteous in manner, Miss Nightingale was strong in action. Like most great souls she was truly humble, and at all times she showed a sublime indifference to matters of her own personal interest. There was nothing she dreaded more than popular acclamation. She sought no worldly distinctions or honours. Many were conferred upon her. Her chief pleasure in them was that they either marked a stage of progress, in work achieved, or that they, by a certain element of added prestige, helped to give weight to her strenuous and unceasing efforts to advance the causes of Sanitation and Nursing.

Such was Florence Nightingale. Her life and work is most fully and ably narrated in Sir Edward Cook's biography, to which I am indebted for the facts which I have set forth, and from which I have made many quotations.

THE ENGLISH HOSPITAL FOR FRENCH AND BELGIAN SOLDIERS AT THE CHATEAU TOURNAVILLE NEAR CHERBOURG.

BY DR. HELEN HANSON.

I do not know if a few words concerning the hospital at the Chateau Tournaville near Cherbourg for French and Belgian Soldiers may prove of interest to your readers.

It is one of six units at the present time officered by medical women, and was organized by Mrs. St. Clair Stobart. The first and forerunner of its kind, which was out in the Balkan war, was also organized by her, as well as a hospital in Antwerp, whose existence, like that of others in the city, came to an untimely end during the bombardment.

The Medical Director is Dr. Florence Stoney who is also radiographer to the Unit. The whole corps, whose official name is the "Anglo-French Hospital, No. 2," was sent out by the Anglo-French Committee, and is directly under the auspices of the British Red Cross and the St. John's Ambulance Association. The Red Cross Society has provided a Motor Ambulance and two chauffeurs, and all the members of the Unit, medical and others, possess the numbered War Office Red Cross brassards.

The Hospital works of course in connection with the French Red Cross Societies, and its staff at first consisted of the Administrator Nero Stobart, six medical women, 12 nurses, orderlies and cooks, a treasurer and 7 chauffeurs, of whom two were women. Miss Aldrich Blake, Surgeon to the New Hospital for women, and other visitors for short periods, gave us the benefit of their assistance. The locale of the hospital is an ancient Chateau, part of it dating from the 12th century, and where, curiously enough 2 years ago an "entente cordiale" luncheon had been given to the Mayor and Council of Southampton. It is a fine building standing in beautiful grounds, which are utilized to the full by our convalescent patients. There are bright and airy wards on three floors with chauffage and electric lighting, and altogether it has been transformed into a very satisfactory and home like hospital.

Even difficulties of sanitation were gradually overcome with the able help of our Sanitary Inspector, Miss Davies, and all was ready for occupation in 24 hours, by dint of strenuous effort. We received our first batch of grievously wounded patients on the second day, and within a week were quite full.

A large marquee in the grounds (a present from a British Columbia ranch) serves as a splendid recreation and dining-room for patients; and the little chapel of the chateau has appropriately been turned into a "*chapelle ardente*." There is a full X-ray equipment, including an American Coolidge tube and a Mackenzie Davidson localiser all of inestimable value in the daily work of the hospital.

The whole of the equipment, including beds and bedding, was provided by the Women's Imperial Service League, the head-quarters of which are at 39, St. James Street, Piccadilly. This League also supplies all running expenses except the 2 francs a day for soldier's food, granted by the French Government.

In all there were 75-80 beds in the chateau and 10 more in a summerhouse in the grounds, where "*en plein air*" ten convalescents appear to enjoy life hugely even without a stove. This was rather a triumph for English fresh air methods, the French authorities having expressed themselves very dubious of the success of the experiment.

Every few days the patients arrive from Dunkerque by steamer, a distressing feature of the case being that should it be after dark, or rough, they had to wait outside the harbour till next morning. One day the seas were so rough that the boat had to cross the channel to our shores for shelter not returning till late next morning. One of our patients, with a compound fracture of tibia and fibula and very septic condition, when commiserated with on the terrible hours he had spent, seasick in the dark stuffy interior of the rolling ship replied patiently "*Oh, it was a rest.*"

The light this remark throws upon his previous experiences is not reassuring.

Our 6 cars (3 ordinary stretcher ambulances and 3 converted motor cars) go down to meet all boats, and after our own patients are transferred, they are gladly borrowed by the French Red Cross whose own supply is very meagre.

Considering the admirable work of our two women chauffeuses, it is a little surprising to learn that this sphere of usefulness is in future to be barred to women working under the British Red Cross.

We have no Canadians or South Africans in our Corps, but Australia provides us with 3 nurses and 2 chauffeurs. The younger of these is a very worthy representative of that country of enfranchised womanhood, sometimes working for French Red Cross with her car for 12 hours at a time, besides taking her share of work as an orderly.

The surprise of our French neighbours first that women could run a hospital at all, secondly that they could have anything so up to date as an X-ray installation, and thirdly that they could even operate, was somewhat amusing. We have indeed had a stream of visitors lay and medical, including French and English Naval Commanders, the astronomer Flammarion, the explorer Dr. Charcot, and others. The chief French medical authorities have given

us all the help in their power, and have offered us a more commodious building with double the number of beds should the stream of wounded continue to-wards Cherbourg.

Much gratification is often expressed that the English should come out exclusively to attend French and Belgian wounded instead of their own nation.

A word here must be said regarding the nurses.—In the *B. M. Journal* of January the 9th 1914, one notes that the British Red Cross is paying £2 a week to their nurses in France. Our nurses come in some cases for no payment at all, in others for the modest sum of 15/- There has been no question of too little work with us, rather of too much and that of a heavy and trying description; but they have toiled with their usual self-sacrificing devotion. What we have seen too of other hospitals in the neighbourhood makes one thankful that Florence Nightingale should have been an English woman.

Our patients have apparently no objection to being treated by women entirely; they have been cheerful and plucky, besides being considerate and grateful to the workers, even in some cases presenting the medical staff with their cherished trophies won from their German enemies.

Like those received into other base hospitals, most of the patients are in an incredibly septic condition on arrival from the front. Our record is often one of prolonged attempts to save a limb, followed by late secondary haemorrhage and finally amputation. On the other hand we have been surprised to find comparatively slight constitutional disturbance present when the wounds were very foul.

In this hospital (contrary to our practice in Antwerp where the wounds had not had time to get so septic) antisepsis has been practised from the first, each case being considered on its own merits. Thus reliance has been placed upon Carbolic Acid, Iodine, Salicylic Acid and prepared pine sawdust dressing for some cases, while Hydrogen Peroxide and Permanganate of Potash were also valuable. One point is noticeable, *i.e.*, the way in which after the wound had practically healed, the temperature would rise again and evidence of a localised sepsis would appear, perhaps in a remote spot. Coat and debris in the wounds were frequent causes of the worst septicæmia.

All cases that seemed likely (for any reason) to develop tetanus, were given prophylactic doses of anti-tetanic serum on arrival. Only two developed Tetanus, both within 10 days of being wounded, and even vigorous treatment with Carbolic Acid, Antitoxin and sedatives could not save them.

The French War Office, in the person of its Inspector Dr. Chaput, has just expressed in writing its approval of this hospital in every department, as "tres bien organisé," and the surgeons are pronounced as "equal to the best" and that in spite of the many difficulties of our locale and environment.

Records of the South African campaign are interesting and valuable, but this experience certainly transcends that. It is indeed medically and otherwise true, as the old soldier lately put it—"that campaign in a manner of speakin' 'was' am and eggs compared with this."—H. B. H.